

State of Idaho DIVISION OF PUBLIC WORKS DESIGN/BUILDER REQUEST FOR PAYMENT SUBMIT ONE ORIGINAL		DPW PROJECT NO. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Code #</td> <td>AMOUNT</td> </tr> <tr> <td style="text-align: center; vertical-align: middle; font-size: 1.2em;">CC</td> <td></td> </tr> <tr> <td colspan="2">Date</td> </tr> </table>		Code #	AMOUNT	CC		Date	
Code #	AMOUNT								
CC									
Date									
Name and Location of Project									
Name and Address of Contractor									
Request No.	For Period _____ TO _____								
ANALYSIS OF CONTRACT AMOUNT TO DATE Original Contract Amount \$ _____ (1) Net Amount of Change Orders through CO# _____ \$ _____ (2) Adjusted Contract Amount (<i>Line 1 + Line 2</i>) \$ _____ (3)									
ANALYSIS OF WORK PERFORMED (Attach Pay Estimate Breakdown) Value of Work Performed – not subject to retainage \$ _____ (4) Value of Work Performed – subject to retainage \$ _____ (5) Less Amount Retained Per Contract Terms (<i>5% of Line 5 above, show % if different</i>) _____ % (\$ _____) (6) Net Amount Earned to Date (<i>Line 4 plus Line 5 minus Line 6</i>) \$ _____ (7) Less Previous Payments \$ _____ (8)									
BALANCE DUE THIS PAYMENT (<i>Line 6 - Line 7</i>)			\$ _____ (9)						
CERTIFICATION OF CONTRACTOR: <i>I certify that the foregoing is just and correct and the amount claimed is legally due after showing all just credits.</i>									
Certified by Design/Builder		Date							
<i>I certify that I have inspected the above work, that to the best of my knowledge it is in accord with contract requirements and that the estimated quantities are correct.</i>									
Inspected by DPW FR		Date							
Recommended by SFR	Recommended by PM	Final Documents Received (DPW Coordinator)							
Approved by Administrator of Public Works		Date							

Original Fiscal Copies to: Contractor, FR, A/E, DPW Contract File

State of Idaho **DIVISION OF PUBLIC WORKS** REQUEST FOR PAYMENT ESTIMATE BREAKDOWN

Request No.		For Period _____ TO _____				DPW Project No.	
VALUE OF WORK IS TO REFLECT ONLY ORIGINAL AMOUNT AND AUTHORIZED CHANGE ORDERS. (Change Orders are to be shown as separate line items on this form)					Contractor may use substitute form only if approved by the Division of Public Works prior to start of Construction		
Item or C.O. No.	Description of Item (1)	Value (2)	% Comp (3)	Value of Work Completed (4) (2)X(3)	Previous Payments (5)	Due this Application (4 - 5) (6)	
ALL AMOUNTS BELOW ARE BEFORE RETAINAGES							
TOTAL OF COLUMNS							
DPW FR			Date	Contractor			Date

Use more pages if necessary.